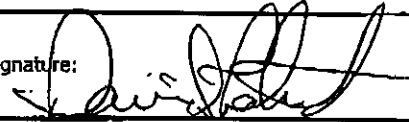


<p>No. W 30601</p> <p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>REINSTATEMENT FEE DUE: \$30.00</p>	<p align="center">Reinstatement Annual Report Form ADMIN DISSOLVED 08/12/2013</p> <p>1. Mailing Address: Correct in this box if needed. PATRICK FARMS, L.L.C. DAVID L PATRICK 3740 N 2600 E TWIN FALLS ID 83301 USA</p>	<p>2. Registered Agent and Office (NOT A P.O. BOX) DAVID L PATRICK 3740 N 2600 E TWIN FALLS ID 83301</p> <p>3. New Registered Agent Signature.</p>																																			
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>JAMES L PATRICK</td> <td>8731 E 3200 N</td> <td>TWIN FALLS,</td> <td>ID</td> <td>USA</td> <td>83301</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>RONALD A. PATRICK</td> <td>31603 E 3500 N</td> <td>TWIN FALLS,</td> <td>ID</td> <td>USA</td> <td>83301</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>DAVID L. PATRICK</td> <td>3740 N 2600 E</td> <td>TWIN FALLS,</td> <td>ID</td> <td>USA</td> <td>83301</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JAMES L PATRICK	8731 E 3200 N	TWIN FALLS,	ID	USA	83301	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	RONALD A. PATRICK	31603 E 3500 N	TWIN FALLS,	ID	USA	83301	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	DAVID L. PATRICK	3740 N 2600 E	TWIN FALLS,	ID	USA	83301	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<p>5. Organized Under the Laws of:</p> <p align="center">IDAHO W 30601</p>	<p>6.</p> <p>Signature: </p> <p>Date: <u>8/20/13</u></p> <p>Name (type or print): <u>DAVID PATRICK</u></p> <p>Title: <u>MEMBER</u></p>																																				

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